

Volume XXXI

APRIL, 1957

No. 1



NEWS



St. Michael's Hospital School of Nursing Alumnae
TORONTO, CANADA



ALUMNAE SPRING TEA

COME AND BRING YOUR FRIENDS

**PLACE: AUDITORIUM, NURSES' RESIDENCE
ST. MICHAEL'S HOSPITAL**

DATE: SATURDAY, MAY 11th, 1957

TIME: 3 p.m. - - - 6 p.m.

SILVER COLLECTION

Miss Gertrude Egan, Convenor.

"QUOD MINIMIS MIHI FECISTI"

"What you do to the least of these My brethren, you do it unto Me"—our school motto, well known to us all and well exemplified in the generous offer of the January group of the 1957 Graduating Class. These students, upon leaving the School of Nursing, offered 8 hours nursing service a month to a patient or ward, to whom or to which it would not otherwise be available.

These young ladies are to be congratulated in being the first to make such an offer, and commended for their generous service to the sick, to whom they are dedicating their lives.

NEXT ALUMNAE MEETING

on

TUESDAY, JUNE 11th, 1957

in the

Nurses' Residence

at

8:00 P.M.

Many Cases of Poor Sight could have been Avoided by Early Care

R. C. G. KELLY, M.D.

Poor eyesight has an enormous impact on the economic, social and personal welfare of people. Some of its causes cannot be prevented but the tragic fact remains that in many cases it could have been avoided.

Warning signs such as a blur and rings around lights have been ignored or refuge has been taken in a cureall pair of glasses. Protective goggles have been removed for a few tragic moments when one is engaged in a hazardous occupation. Valuable time has been lost while people have been undergoing quack treatments or exercises, which have no hope or possibility of doing any good.

In order to understand the causes of poor eyesight and their possible correction, one must have some knowledge of the anatomy or construction of the eyeball. It is only by this knowledge that two commonly held misconceptions can be resolved into their proper place.

One of these might be phrased: "Can't you give me a strong pair of glasses, or stronger glasses than I have now, to make up for my defect?" In other words the impossible is expected from glasses. Glasses are extremely useful aids to vision and we couldn't get along without them, but it must be emphasized here that they correct only farsightedness, shortsightedness and astigmatism.

The other misconception concerns grafting or transplantation. Some people actually think that the whole eyeball can be transplanted, which of course is quite impossible.

The anatomy of the eyeball in many ways resembles the construction of a camera.

There is a colored diaphragm in the front with a hole in it, the pupil. In front of the pupil is a clear window, called the cornea. Behind the pupil is the lens as in a camera.

Wonderful as the lens is in many cameras, none compares to that in the eye which is a living thing and is capable of adjusting its focus instantaneously when it is required to do so. This is accomplished by its being attached by many delicate fibrils to the focusing muscle. One never ceases to marvel at what this little lens is capable of doing.

The lens focuses the light on a delicate membrane of highly sensitive nerve tissue called the retina which is, therefore, comparable to the film in the camera. This is held in place by a jelly called the vitreous, for if the retina gets out of place it won't take a good picture.

What we have been discussing so far has been

the apparatus to take the picture. But what of developing the picture? Here the similarity to a camera ends because in a camera we take the film out and send it away to be developed, whereas in the eye the picture is developed by what is called the visual area of the brain.

There has, therefore, to be a connection between the eye and the brain. This is accomplished by the optic nerve and the optic pathway and might be compared to a telephone cable transmitting its many wires to the central head office or nerve centre. In addition to this highly complex visual pathway, there is an almost equally complex centre in the brain for the co-ordination of the movements of the eyeballs.

It is thus seen that the eyes are very much a part of the most delicate and specialized tissue in the body, nerve tissue.

In considering the causes of poor eyesight we might as well start from the outside and work in, because every one of the structures mentioned above can be a culprit.

The first structure is the window called the cornea. This is not just a piece of glass but is a living structure and is just as clear as glass. Infection or injury may cause the cornea to become scarred. Scar tissue is not clear, and poor eyesight is the result. Both syphilis and gonorrhea may cause scarring of the cornea. Fortunately, the precautions taken with infant's eyes at birth have eliminated most cases of gonorrheal infections but it is not too uncommon to see a person with poor eyesight or even blind from this cause. In no case is the saying about the sins of parents' being visited on succeeding generations more true than in these venereal eye cases.

THE NEWS

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ALUMNAE NEWS EXECUTIVE

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Infections ruining the cornea don't, of course, have to be gonorrheal but might be from some other virulent germ. The modern wonder drugs such as sulphas and penicillin have saved many eyes with severe infections.

The cornea may also be scarred by burns. The commonest burn is a lime burn and is often suffered by plasterers. This is a very serious injury indeed and no time should be wasted in washing the eyes—minutes are important.

Finally, some people have hereditary defects in which the cornea is irregular or scarred.

There is much public awareness and interest nowadays in corneal transplants. This is a great advance in ophthalmic surgery in modern times. It is only in cases of scarred cornea that transplants are done. In other words, if the cornea is clear there is no use doing a transplant.

In this operation a portion of the scarred cornea is removed and replaced with a piece of the same size from a donor eye. One then hopes and prays that it will heal well and stay clear. The cases on which this operation is done have to be selected carefully because there is no use performing it if the eye is not otherwise sound.

Eye banks are being established in co-operation with the Canadian National Institute for the Blind. It is never necessary for one to donate a good eye while he is alive because corneas can be obtained without resorting to such drastic measures. An important point to remember is that corneal grafting or transplantation takes care of only a very few persons with poor eyesight.

Our next stop on the way into the eye is the pupil. In a disease called iritis the eye becomes very red and painful. If treatment is not proper and prompt, adhesions form in the pupil. Many cases of poor eyesight are the result of neglected or self-treated cases of iritis.

Then we move to the lens. The lens is an extremely common cause of poor eyesight for it is here we get cataract. Actually, a cataract is a cloudy or opaque lens. Cataracts usually occur in older people, although they may be present at birth or may be produced by an injury.

There is only one effective treatment for cataract and that is an operation to remove the lens from one eye when the sight in both eyes gets bad enough to handicap the patient. As a rule the operation should not be done if one eye is good. After the operation you have to depend on an artificial lens in a pair of glasses, so one should use his own lens as long as he can. Cataract operations are usually successful.

Our next stop is the retina itself. The retina may be greatly influenced by the state of a person's health or age. Such conditions as hardening of the arteries, high blood pressure, diabetes and kidney disease often do great harm to it and thus cause poor eyesight.

Sometimes an eye examination reveals the first signs of these conditions and the patient can be directed to seek medical treatment. These are often the people who expect the impossible from glasses and who are always disappointed when they do get them changed. A high degree of shortsightedness may damage the retina, which is the explanation for the poor eyesight even though the right glasses are being worn.

Another affliction involving the retina is detachment—a retina that floats loose inside the eye. This may be caused by an injury or may come for no apparent reason. The patient notices a veil come over his eye and he sees only half or part of things. Prompt operation succeeds in salvaging more than 60 per cent of these cases. If the cases aren't operated on, or if the operation is unsuccessful the subject gradually becomes blind.

Our next stop is the optic nerve. It may be affected by various diseases of the nervous system and by poisons such as wood alcohol or injury such as a fractured skull.

The commonest affliction of the optic nerve, however, is caused by chronic glaucoma. This is a condition in which there is a low pressure of the eyeball for a long time (one to three years). The pressure isn't enough to cause pain but it gradually does irreparable damage to the optic nerve.

It is usually a disease of middle age or over and the sufferer often notices colored rings around lights. If a person who notices rings would only find out if he has pressure in his eyes instead of running to get new glasses, there would be many fewer blind people.

The damage done to the optic nerve by the pressure can't be undone. The treatment aims at controlling the pressure medically (drops) or surgically (operation) and may preserve the eyesight for many years. Nothing is surer than that they will become blind if the pressure is not controlled.

It is sickening to this writer on seeing a person blind from glaucoma, to think of what might have been done to prevent it. At this point, however, one has to admit that certain glaucoma cases are a tough problem for the most competent ophthalmologist.

When we reach the optic pathway we are already inside the skull. Along its long course through the brain to the visual area, the optic pathway may be subjected to effects of strokes or brain tumors, which affect the eyesight in various ways.

In summing up our thoughts on poor eyesight I should like to suggest that what we need on the part of the public is a greater realization that the eye is part of the body as a whole, that time is of the essence in dealing with many eye problems and that glasses, while very important and useful, aren't a cureall.

The person with poor eyesight must ask "Why?" and insist on getting a satisfactory answer.

Reprinted through the courtesy of the Globe and Mail and prepared through the auspices of the C.M.A.

News
Notes



FROM
OUR
MAIL
BOX

Maureen Southcott '54 is on the staff of the V.O.N. in Corner Brook, Newfoundland.

Doreen Murphy '36 has been appointed Supervisor of the University District of the Department of Health.

Catherine Smith '54 is taking a post-graduate course in operating room technique and management at the New York Polyclinic.

Aida McMillan '27 has been appointed Assistant Director of Nursing, Queen Mary Veteran's Hospital, Montreal.

Verna Metcalfe Keys '32 sails for Paris June 14th, from there to Switzerland, Italy, Holland and the British Isles. Bon Voyage, Verna.

Jean Sheehy recently spent a most enjoyable week-end skiing at St. Saviour, Quebec. Didn't you Jean?

25th Anniversary 1932-1957 Graduating Class
A Committee has arranged a Reunion for 1932 Graduating Class for June 1st and 2nd, particulars of which will be forthcoming in a letter to 1932 Graduates in the near future.



ENGAGEMENTS

Doris Dyson '55 of Kirkland Lake to Norman McLeod of Toronto—wedding July 6th, 1957.

Margaret Spitzer '55 to Allan Gillies both of Georgetown.

✓ **A Letter** from Jean George Harrington '33 in part:—

"You have no idea how wonderful it is to get the news and try to remember who people are. I particularly want you to know how important the graduating year after the person's name is—if it is in one's era you think and think—and maybe while cooking dinner a week later you see that name and the right girl in your mind.

"Last summer while en route to Europe we stopped off one night in New York and arranged to meet Kay Belair O'Connor. We combed the International airport and finally got together—but she was looking for someone who weighed about 100 lbs. and I was looking for a girl with black hair—as we were 20 years ago when last seen by each other. It was a wonderful reunion.

St. Michael's lovely and efficient Marie Kraft is assistant supt. of nurses at Brookside Hospital, where my husband is Chief of Urology—small world.

We are moving to an acre, so the girls will have more running room and outdoor living. My new address will be:—820 Bates Ave., E.L. Cerrito, Calif.

When you see Sister Jeanne tell her those pills she used to give me to gain weight were slow in starting; but now!

Any word of 1933 class having a 25th reunion next year? If so, I'd try to plan to go home.

Give my love to Irene Nealon when you see her.

Every good Luck,
Jean George Harrington '33.

P.S. Lots of work for nurses out here."

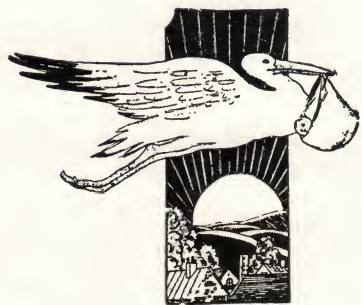
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Sister de Sales distributes an assignment in Nursing Arts Class to the January 1957 Preliminary students.



JUNIOR ALUMNAE

Congratulations to:—

Mr. and Mrs. B. Vickers (Barbara Slinn) '51—
St. Michael's Hospital, October 30th, daughter,
Evelyn Joan.

Mr. and Mrs. P. G. Clancy (Kathleen McNamara)
'43—St. Michael's Hospital, November 13th, a son.

Mr. and Mrs. A. E. McArthur (Madeline Mc-
Donald) '54—St. Michael's Hospital, November
16th, a daughter.

Mr. and Mrs. T. Powers (Marie Boucher) '52—
St. Michael's Hospital, November 15th, a daughter.

Mr. and Mrs. T. E. Carothers (Agnes Brennan)
'37, San Gabriel, Calif., December 14th, a daughter,
Mary.

Mr. and Mrs. G. A. Bailey (Teresa Hennessey) '40
—Devon, Alta., November 7th, a son.

Mr. and Mrs. J. P. McDonagh (Nancy Fleming)
'55—St. Michael's Hospital, January 22nd, a daugh-
ter.

Mr. and Mrs. Wm. Saynor (Marilyn Welch) '55
—St. Michael's Hospital, January 7th, a daughter.

Mr. and Mrs. P. Murphy (Deira Fitzgerald) '54
—St. Michael's Hospital, January 12th, a daughter.

Mr. and Mrs. T. J. Johnston (Joan Baines) '43—
St. Michael's Hospital, January 16th, a son.

Dr. and Mrs. J. P. Ranelli (Lucille Cudmore) '52
—St. Joseph's Hospital, Hamilton, December 19th,
a son.

Mr. and Mrs. G. Delemere (Margaret Cassidy)
'50—St. Michael's Hospital, January 1st, a son.

Mr. and Mrs. C. T. Tighe (Teresa Tovey) '51—
St. Michael's Hospital, December 18th, a daughter.

Mr. and Mrs. De Monte (Elvira Bertola) '55—
St. Michael's Hospital, November 27th, a daughter.

Dr. and Mrs. J. Morotta (Margaret Hughes) '51,
December 2nd, a daughter.

Mr. and Mrs. P. McGeeon (Frances McCormack)
'50—St. Michael's Hospital, November 20th, a son.

Dr. and Mrs. J. E. Hall (Frances Walsh) '48—
St. Michael's Hospital, February 4th, a son.

Mr. and Mrs. J. E. Mahoney (Lenore Kennedy) '52—St. Michael's Hospital, February 14th, a daughter.

Mr. and Mrs. Byberg (Rita Kingston) '50—St. Michael's Hospital, December 18th, a daughter.

Mr. and Mrs. D. Boehler (Geraldine Epoch) '48, December 21st, a son.

Mr. and Mrs. J. Reddick (Barbara Kelly) '53—St. Michael's Hospital, December 25th, a daughter.

Mr. and Mrs. D. C. Stewart (Patricia Wittig) '47—St. Michael's Hospital, Nov. 7th, a son.

Mr. and Mrs. P. M. Watson (Donna Stouffer) '54—St. Michael's Hospital, February 7th, a son.

Mr. and Mrs. F. McCowat (Pauline Betson) '36—St. Michael's Hospital, February 2nd, a son.

Mr. and Mrs. R. W. Loach (Marion Dyson) '52—St. Michael's Hospital, a son.

Mr. and Mrs. M. Lopez (Gloria Guilmette) '50—Norwalk, Calif., November 20th, a daughter.

Mr. and Mrs. E. Ricci (Margaret D'Aloisio) '52—St. Joseph's, Hamilton, January 22nd, a son.

Mr. and Mrs. D. Burgess (Dorothy Dawson) '49—Fredericton, N.B., November 16th, a daughter.

Mr. and Mrs. Edward Power (Theresa Corrigan) '51, Oshawa General Hospital, Mary Margaret, a sister for Paul, born September 30, 1956.



W E D D I N G S

LEO-BRADLEY—Mary Bradley '56 to Anthony Joseph Leo, Canadian Martyrs' Church, January 5th.

BUDECKY-BURKE—Alma Burke '54 to Rudolph Budecky, Church of the Purification, Mount Forest, December 1st.

McNALLY-LETESKY—Rosemary Letersky '50 to Dr. Thomas A. McNally, St. John Chrysostom's, Arnprior, November 3rd.

COPPERNAULD-RYAN—Lucille Ryan '45 to Joseph Coppernauld, St. Dunstan's, November 24th.

CARLIN-DANESI—Loretta Danesi '53 to John Russell Carlin, St. Mary's, Port Credit, December 1st.

WEIR-BOYD—Patricia Boyd '55 to Paul Weir, Church of the Precious Blood, November 24th.

KOZLOWSKI-BOURKE—Louise Bourke '56 to Robert Kozlowski, St. Patrick's Church, Kapuskasing.

ALGAR-McBRIDE—Ann McBride '54 to Martin Algar, St. Clement's, Santa Monica, Calif.

MacDONALD-MONFRED—Rosanne Monfred '54 to Donald Allen MacDonald, Holy Cross, February 23rd.

GREENAN-ELLARD—Rosemary Ellard '52 to Clifford Paul Greenan, St. Vincent de Paul, December 1st.

BURKE-BERRY—Margaret Berry '49 to Arnold Harold Burke, St. George's Anglican Church, Trenton, November 31st.

TURNBULL-SELLERS—Joan Sellers '53 to Thomas Michael Turnbull, St. Patrick's Cathedral, Fort William.

MURPHY-PALMER—Catherine Palmer '54 to Lawrence Francis Murphy, St. John's, January 19th.

JACOBELLE-GRATZ—Vera Gratz '55 to Virginio Jacobelle, St. Patrick's, February 16th.

REILLY-WOLFF—Rosemarie Wolff '57 to Lt. Wm. H. Reilly, Holy Rosary Church, February 16th.

MacDOUGALL-BUTLER—Patricia Butler '52 to Donald E. MacDougall, St. Clement's, Sudbury, February 16th.

KENNEDY-THURLOW—Joan Thurlow '53 to Raymond J. Kennedy, St. Basils, January 19th.

A DISTINGUISHED GRADUATE

On Monday, January 7th, 1957, Solemn Requiem High Mass was sung in St. John's Catholic Church, Whitby, Ont., by Rev. B. A. O'Donnell, Toronto, assisted by Rev. A. McMahon, Pickering, and Rev. V. Hickey, Toronto, for Mary Irene Foy, who died at her home, 314 Palace St., Whitby, on January 4th.

Born in Whitby, Miss Foy had spent most of her life in Toronto and West Hill and returned to Whitby three years ago.

After graduating from St. Michael's Training School for nurses in 1911 Miss Foy was associated with the Toronto and Provincial Departments of Health. For many years she was Director of The Catholic Welfare Bureau of the Archdiocese of Toronto. During the last war, Miss Foy organized blood donor clinics throughout the Province for the Canadian Red Cross Society.

During her career she held the offices of President of St. Michael's Hospital Nurses Alumnae Association, President of the Women's Auxiliary of the

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Catholic Church Extension Society, President of the Archdiocesan Council of the Catholic Women's League and member of the National Council of the same organization.

In April, 1956, Miss Foy was honored by His Holiness Pope Pius XII, who at the request of His Eminence Cardinal McGuigan, Archbishop of Toronto, awarded her the 'Pro Ecclesiae et Pontifice' medal for her lifetime of Catholic action.

Miss Foy is survived by her two sisters, Miss Clara V. Foy of Whitby and Miss Emily C. Foy, of Port Hope, to whom we extend our sincere sympathy.

Interment was in the family plot, Mount Hope Cemetery, Toronto. R.I.P.



OUR SYMPATHY TO:—

Kate Tighe—on the death of her brother.

Jeanette Paloschuk '51 and Annette Paloschuk '53—on the death of their father.

Mary Corkery Bannon '31—on the death of her father.

Margaret Regan '41 and Rita Regan '53—on the death of their father.

Sr. Mary Anthony—on the death of her mother.

Catherine Davidson '39—on the death of her brother.

Frances Hodgins Muraska '46—on the death of her husband.

Helen Watman Brown '31—on the death of her father.

Aida McMillan '27—on the death of her brother.

Rev. Sister Mary Louise—on the death of her father.

Rev. Sister Angeline—on the death of her brother.

Gertrude Mulhall '24—on the death of her sister.

Margaret Simpson-Ray '43—on the death of her uncle.

Stella McDonald '52—on the death of her father.

Leonide Ugucioni Merritt '48—on the death of her father.

Ella Cosgrove McCabe '17—on the death of her husband.

Rev. Sister Callista—on the death of her brother.

Rev. Sister Marie Reine—on the death of her sister.

Jeanette Dube Boutin, a graduate of St. Michael's Hospital School of Nursing died in Quebec city on February 5th.

Jeanette was born in Marenngo, Sask. She was educated at Notre Dame convent in Saskatoon. She was graduated from St. Michael's in 1939, and served overseas in World War II.

Jeanette is survived by her husband and 2 sons; her parents, a brother and 3 sisters, one of whom, Gabrielle Comper was on the staff of St. Michael's before her marriage.

To her family, the Alumnae extends sincere sympathy. R.I.P.



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